

2020 Annual UPCRA Spring Conference in Sioux Falls, SD

Thursday, April 2nd 5:30pm-8:30pm Friday, April 3rd 8:00am-4:15pm

Professional – \$150 (1 year UPCRA membership included for April 2020 – May 2021)

Student (no charge for conference, UPCRA membership not included)

Make checks payable to: UPCRA Fee is non-refundable

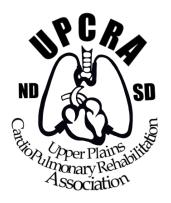
**If you have questions about registration or membership please contact: Teri Kavanaugh, membership chair at tkavanaugh@monument.health or call 605-755-8208 or Kindal Malehorn, education committee chair at kmalehorn@monument.health

Email or fax registration to: Email: tkavanaugh@monument.health Fax: 605-755-4364 (This step is new to ensure we get receive your registration on time.)	Deadline: Send Registration by March 13, 2020
Title	
Fax	
State Zip	Code
AACVPR (American Association of Cardiovascular and Pulmonary Rehabilitation)	
ACSM (American College of Sport Medicine)	
	Email: tkavanaugh@monument.health Fax: 605-755-4364 (This step is new to ensure we get receive your registration on time.) Title Fax Title Fax State Zip

At the time of printing this registration, this program is being reviewed by the American Association of Cardiovascular and Pulmonary Rehabilitation Education Committee. AACVPR credit may be accepted by various licensing agencies. While programs may be pre-approved for CE credit in a given state, please check with your individual state for specific requirements.

Please check box if you need a CEU certificate

We will be doing all correspondence (including Conference PowerPoint Notes) via email so please make sure it is printed legibly.



Along with your membership to UPCRA, you can also be part of the committees. By doing so, you will have the opportunity to make a difference in the organization as well as for the profession.

Please check the committee(s) below you are interested in being a part of. Descriptions of the various committees can be found on the Policies and Procedures page at UPCRA's website at <u>www.upcra.org</u>.

_____Education Committee

_____Membership Committee

Outcomes Committee

_____Reimbursement Committee (Please indicate which specialty)

_____Cardiac Rehab

_____Pulmonary Rehab

_____Scholarship Committee

_____Website Committee

If you choose to participate in a committee, the committee chairperson will contact you to help you get involved.

Please send this form along with your Membership Application to the Membership Committee Chairperson at the address on the first page.